



Peer Reviewer Registration Form

Please print legibly.

Last Name: _____ First Name: _____ MI: _____

Firm: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Virginia License: _____ GArchitect GP.E. _____ / _____ / _____
license number expiration date
(attach copy of license with this registration form)

Please indicate which component(s) you are requesting to be certified as a Peer Reviewer
(attach copy of NCPCCI examination results and BOCA Plans Examiner certification(s) with
this registration form).

<u>Component</u>	<u>Issue Date</u>
G Building	_____ / _____ / _____
G Mechanical	_____ / _____ / _____
G Plumbing	_____ / _____ / _____
G Electrical	_____ / _____ / _____

for county use only

Peer Reviewer Number: _____

Date issued: _____ / _____ / _____

Initial Training Date: _____ / _____ / _____

Annual Training Expires: _____ / _____ / _____